

ADAMS COUNTY

PLAN TO IMPLEMENT A HEALTH & HUMAN SERVICES DEPARTMENT

Prepared for
The Adams County Board of Supervisors

By

Implementation Committee

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IMPLEMENTATION PLAN

Adams County Health & Human Services Department
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I. Background

For many years, a variety of individuals and groups within Adams County have considered the possibility of consolidating the Department of Aging, Health, and Social Services, and the Department of Community Programs. In October 2003, the County Board of Supervisors formally approved the appointment of a special committee to study the feasibility of such a consolidation. The Feasibility Study Committee was composed of four County Board Supervisors, two citizen members, and, as non-voting members the Adams County Corporation Counsel and the Directors of the two departments primarily affected by a consolidation recommendation. Technical assistance was obtained from a retired Human Services Director and from representatives of the Division of Public Health and Office Strategic Finance of the Southern Region of the State of Wisconsin Department of Health & Family Services and from the Northern Area Agency on Aging. In addition, numerous meetings were held to receive input from both members of the staff of the affected departments as well as local stakeholder and consumer advocacy groups.

In considering whether the task of consolidation was feasible, the Committee addressed the potential benefits, citing advantages in better and more seamless services to clients, in coordinated and collaborative use of available resources, better strategic positioning for state and federal funding and program initiatives, integration of access to services for consumers, flexibility in resource allocation and service continuity, and truly comprehensive planning efforts. The Committee also discussed obstacles to consolidation and recommended a process for addressing those issues that might arise.

The Committee considered which Departments or units might be included, ultimately excluding Child Support, but encompassing Social Services, Community Programs, Aging, and Health. It was also recommended that a Health & Human Services Board serve as the governing committee for Veterans' Services, because of its location in the same building. In reaching this conclusion, the Committee received consultation from staff and County Board Supervisors from Richland, Waushara, and Rusk Counties. The Committee observed that the existing organizational structure within the County was conducive to consolidation, specifically because the involved departments (with the exception of the Aging Unit) were already located in the same building, shared the County telephone and computer infrastructures, were governed by the County Personnel Policies and staff were represented by the same labor union, and the Health and Aging Units were already integrated within a county Department of Aging, Health, & Social Services. In addition, the October 2003 move of the Long Term Support unit from Social Services to Community Programs provided valuable experience in the integration of staff and functions, not only in the area of personnel issues but also in the merging of programs and clients within the state reporting systems and, to an extent, in the consolidation of community aids and local budgets.

A resolution recommending creation of a Health & Human Services Department was introduced by the Feasibility Study Committee at the July 2004 meeting of the County Board of Supervisors, at which time, after discussion, a decision was postponed. The resolution was reconsidered at the August 2004 meeting of the County Board, when it was approved. An Implementation Committee was appointed at the September 2004 meeting of the County Board.

II. Implementation Steps

A. Resolution to establish a committee to oversee implementation of a Health & Human Services Department passed by County Board of Supervisors: 17 August 2004.

- B. Appointment of the Health & Human Services Implementation Committee ratified by the County Board of Supervisors: 21 September 2004.
- C. First meeting of Implementation Committee: 6 October 2004.
- D. First meeting of Implementation Team, consisting of leadership staff from affected units: 15 October 2004.
- E. Appointment of Implementation Director ratified by the County Board of Supervisors: 19 October 2004.
- F. Finance Committee review of separate department budgets for 2005: 13 October 2004.
- G. Completion of Implementation Plan: 10 December 2004.
- H. Publication of completed plan for public comment: 22 and 29 December 2004.
- I. Public Hearing on the Implementation Plan: 6 January 2005.
- J. Consideration by County Board of Supervisors of: Implementation Plan and resolution to create Health & Human Services Department: 18 January 2005.
- K. Forwarding of Implementation Plan and resolution to DHFS Office of Strategic Finance Southern Area Administrator: 19 January 2005.
- L. Consideration by County Board of Supervisors of resolutions to modify County Board Rules to dissolve separate committees, create Health & Human Services Board, and adopt associated By-Laws; request consolidation of aids from the State of Wisconsin; appointment of Health & Human Services Board, Interim Director, and transfer of powers under s. 46.23(3)(b), Wisconsin Statutes: 15 February 2005.
- M. Begin operations as a Health & Human Services Department: 1 March 2005.
- N. Complete Implementation Plan activities: 31 December 2005.

III. Mission Statement

We are the Health & Human Services Department. The name itself defines its purpose. Our Department is here to assure and maintain the health and well being of both individual residents of Adams County and the population as a whole. We provide services that will enhance, protect, and preserve the way of life for anyone in need of assistance. We will do so with confidentiality, sincerity, and compassion. We will try our hardest, within our means, to serve, and we are always searching to improve our ways so we can provide the services needed.

IV. Statement of Goals and Objectives

- A. Achieve a shared mission.
 - 1. Complete Health & Human Services Department mission statement. (completed 10/15/2004)
 - 2. Review mission statement with Implementation Committee. (approved 11/5/2004)
 - 3. Review mission statement with staff. (completed 12/1/2004)
- B. Complete recommendations regarding governance and advisory committee structure.
 - 1. Complete review of applicable statutes. (completed 10/22/2004)
 - 2. Make recommendations to Rules Committee regarding governing committee membership and method of composition. (completed 12/9/2004)
 - 3. Recommend subcommittee structure. (approved 11/5/2004)
 - 4. Identify and recommend membership of advisory committees. (approved 11/5/2004)
 - 5. Propose By-Laws, Ethics Statement, and Board Member Duties & Responsibilities for the Health & Human Services Board. (approved 11/5/2004)
- C. Develop administrative structure and table of organization for new Department.
 - 1. Identify functional units within department. (approved 10/29/2004)
 - 2. Define and draft job descriptions for management staff (approved 12/10/2004).

3. Allocate staff to operational units. (approved 11/5/2004)
4. Develop and implement a plan to group operational units together within the building (approved 11/29/2004).
5. Review, update, and revise, as necessary, job descriptions of unit staff.
- D. Establish communication and problem-solving mechanisms
 1. Identify and schedule regular, ongoing leadership and unit meetings. (completed 10/15/2004)
 2. Identify need for *ad hoc* staff study groups. (4 formed 12/2/2004)
- E. Improve access for clients/consumers.
 1. Develop a unified Intake/Access system. (*ad hoc* group formed 12/2/2004)
 2. Designate reception area(s), telephone numbers, etc. (completed 11/22/2004)
 3. Investigate development of aging and disability resource center. (letter of intent submitted)
 4. Consolidate after-hours crisis systems.
 5. Develop information and referral database/resource file for reception or intake staff.
 6. Adopt department-wide grievance/complaint process for clients/consumers.
 7. Adopt department-wide policies on confidentiality and privacy.
- F. Improve Department efficiency.
 1. Review common functions.
 - a. Bookkeeping, vouchers, and fiscal reporting.
 - b. Insurance and client billing.
 - c. Transportation services, fleet maintenance. (*ad hoc* group formed 12/2/2004)
 - d. Certification/licensure of foster and adult family homes.
 - e. Records storage and retention. (*ad hoc* group formed 12/2/2004)
 - f. Client financial management (Representative Payee) (consolidation 1/3/2005)
 - g. Clerical/support (mail, correspondence, filing, copiers, facsimile machines, etc.).
 2. Recommend consolidation of function and/or cross training of staff.
 3. Implement recommendations.
 - a. Integrate voucher preparation and review.
 - b. Assess and develop comprehensive transportation system.
 - c. Integrate office practices.
 4. Identify priority areas for standardization of policies and procedures.
- G. Develop integrated budget.
 1. Create new chart of accounts.
 2. Consolidate expense reporting through Community Aids Reporting System (CARS) and coordinate with chart of accounts.
 3. Consolidate Human Services Reporting System (HSRS) database (to be completed by State in January 2005) and coordinate cost reporting with chart of accounts.
 4. Consolidate other state expense reporting requirements (941/942 reports, Mental Health and AODA Block Grants, Wisconsin Medicaid Cost Reporting, Random Moment Time Studies, etc.).
- H. Coordinate information systems infrastructure
 1. Deploy necessary software to users.
 2. Structure usage of network resources (e.g. printers, etc.).
 3. Assess efficiency and effectiveness of existing management systems (e.g. WISSIS, DRI).

V. Statement of Assurances and Maintenance of Effort

Adams County will continue to provide the full range of health and human services as required and will, at a minimum, maintain the quality of the programs offered through the consolidated department. The Health & Human Services Department will continue to comply with and conform its operations to relevant statutes, administrative codes, rules, and other programs requirements.

The rights of staff will be protected. Specifically, per s. 46.23(d), Wisconsin Statutes, all persons employed by the county, whose functions are assumed by the Adams County Health & Human Services Department, shall continue as employees of the County without loss in seniority, status or benefits, subject to the merit or civil service system.

Adams County has studied the advantages of consolidation of the Aging, Health, Social Services, Community Programs, and, in part, Veterans' Services, and the County Board of Supervisors voted on 17 August 2004 to proceed with the consolidation and established the required planning process. The Implementation Committee, Implementation Director, and Implementation Team have worked since then to address the challenges encountered in the process.

Adams County understands that additional problems and challenges will be encountered during the completion of implementation plan activities, and expects that these can be addressed by the Health & Human Services Board, Director, management staff, and unit work teams.

The county has considered the fiscal implications of the consolidation, and will request the consolidation of aids from the State of Wisconsin through resolution to be considered 15 February 2005.

Department staff, interested citizens, and present or potential consumers have participated in the studies of the feasibility and/or implementation of the Health & Human Services Department through advisory committee/board meetings, public hearing, solicited written comment, open meetings, etc.

VI. Governance

Composition – The Health & Human Services Board will consist of 9 voting members. Five will be County Board Supervisors. The remaining members will be representatives of the community (“citizen members”), one of whom will be a consumer or a family member of a consumer of a Department delivered service. Good faith efforts will be made to include a physician and a Registered Nurse among the citizen members. In addition, one member must have demonstrated interest or competence in the field of public health or community health. Another citizen member will be of recognized ability and demonstrated interest in services for older individuals. The composition of the Board will reflect the diversity of the community and be appointed by the County Board Chairperson.

Terms – Terms for citizen members will be three years. Initially two members will be appointed for 3-year terms, one for a 2-year term and one for a 1-year term. Subsequent appointments, as terms expire, will be for 3 years. Terms for County Board Supervisors will be two years, commencing and expiring with the election of the County Board. Vacancies will be filled by appointment by the County Board Chairperson following recommendation by the Health & Human Services Board.

Duties and Responsibilities – A list of Board Member Duties and Responsibilities, which defines the duties and scope of responsibilities for the Board members, has been developed. In addition, following appointment of a Health & Human Services Board a number of training activities are planned. These activities include presentations by and discussions with Area Administration staff from the various areas encompassed by the Department (e.g. health, aging, children's services, adult services, etc.). Meeting time will also be allocated for an exercise in discriminating board and staff functions. To assure privacy, confidentiality and protection of the rights of Department clientele, Board members avow that client specific information that may come to

the attention of the Board will not be disclosed to any non-department personnel or the public at large. In addition, Board members will uphold and support the Health & Human Services Code of Ethics.

Subcommittees – The Board will utilize three subcommittees in the execution of its duties. The Finance Subcommittee will meet monthly to review invoices and vouchers presented for payment to the Department. Following subcommittee review, a summary report will be prepared and presented to the Board as a whole for approval at the next meeting. The Service Evaluation Subcommittee will be responsible for reviewing the products of the ongoing service evaluation efforts of the Department, including surveys of customer or consumer satisfaction, service utilization reports and will participate in the development and analysis of goals and objectives for each unit of the Department. The Human Resources Subcommittee assists in the recruitment and retention of staff of the Department, including screening and interviewing of applicants for vacant positions, and recommending action to the full Health & Human Services Board. This subcommittee will also review performance evaluations of all Department staff (with the exception of the Director, whose evaluation is conducted by the Board as a whole). The Board may consider and act to form *ad hoc* committees or work groups as advisory to the work of the Board.

Advisory Committees – The advisory committees required in statute, administrative rule, and/or regulation will be maintained. These include: Aging Advisory, Nutrition Advisory, Long Term Support Advisory, W-2 Steering, Youth Services, and Mental Health/AODA/Crisis Services. During the regular course of its business, the Health & Human Services Board will receive reports from these committees as well reports concerning the activities of other community committees in which Department staff participate. The Health & Human Services Board may also request the formation of other standing or *ad hoc* advisory committees to address systemic issues deemed important by the Board.

Veterans' Services – The Health & Human Services Board will be designated as the governing committee for the Veterans' Service Office.

VII. Organizational Structure

The Health & Human Services Department will be composed of five administrative units, each working to support and enhance the efforts of the others.

Children & Family Services Unit – This unit integrates existing child protective services/juvenile justice systems and mental health/substance abuse systems in order to coordinate services to families of all sizes and all ages. This synthesis recognizes the interrelatedness of persons living in the same environment as, and others who play a significant role in the lives of, those who receive services from the Department and draws on the expertise of a diverse staff to form coordinated, multidisciplinary teams of professionals to serve customers/clients. This administrative structure also provides opportunities to develop and/or expand such emerging concepts as in-home therapies, integrated crisis response teams and institutional diversion programs, prevention and early intervention, and coordinated service teams for school-age children and adolescents. Through the creation of this unit, many of the potential benefits of consolidation (and issues cited in the Feasibility Study as requiring resolution) are addressed, specifically the coordinated and collaborative use of resources, flexibility in service continuity, better and more seamless services to clients, and strategic positioning for funding and program initiatives.

Aging & Long Term Support Services Unit – This unit serves both elderly individuals and those with serious long-term disabilities, who need a range of supportive and/or rehabilitative services to remain in their homes and maximize their integration into the fabric of the community. The shared vision of the unit is to assist elderly people and those with disabilities in living their lives as they choose and, to the extent of their capacity, in directing the course of their care. To accomplish this

vision, the unit provides an array of support, rehabilitation, vocational, social, nutritional, transportation, money management, and day services, and purchases a variety of residential and other in-home services to enhance the quality of the lives of program participants. The unit also has the responsibility to assist in the protection of society's more vulnerable adults, investigating allegations of elder abuse and participating in the development and evaluation of emergency and routine adult protective services. The creation of this unit also addresses the coordination of services issue, especially as it pertains to older adults and to those in need of protective services, and, with the vision of an Aging & Disability Resource Center, integration of access and more seamless services to clients.

Public Health Unit – This unit is responsible for leadership in the development and maintenance of a public health system for Adams County, and for integrating that system into regional and state public health consortia and/or systems. Essential services include monitoring health status to identify community health problems and other issues from a population perspective, including the prevention and control of communicable diseases; identifying, investigating, controlling, abating, and preventing health problems and human health and other hazards in the community; educating the public about current and emerging health issues, including strategies to promote and enhance health; promoting community partnerships to identify and solve health problems; completing a community health assessment, identifying groups, families, and individuals at high risk of illness, injury, disability, or premature death; enforcing laws and regulations that protect health and assure safety; linking people to needed health services; and preparing for a coordinated response in times of natural disasters or in response to bioterrorism or other crisis.

Economic Support & Wisconsin Works Unit – This unit assesses the human need for relief from poverty and its effects and determines the sources, types, and levels of public assistance available by law to alleviate that need. Through case management, the Unit provides various services to enable participants to reach a goal of self-sufficiency and economic independence and has an extensive knowledge of community resources and support services available to participants in order for them to become self-reliant and resourceful in thinking through potential solutions to challenges. Unit staff retain a strong sense of public responsibility and professional ethics in collaborating and coordinating the delivery of services with other agencies and professionals. Customer service is of the utmost importance to the Unit in creating an atmosphere in which service delivery is effective, seamless, and need fulfilling – where the customers are served in a way which enhances their lifestyle so they can see satisfactory results now and later in life. By consolidating transportation services (including Medical Assistance and Elderly & Disabled) in this unit, it is the expectation that the County will see an improvement through the coordinated use of a relatively scarce resource and the development of a more comprehensive plan to meet this need.

Fiscal & Support Services Unit – This unit supports the operations of the other units of the Department, performing such functions as: reception, scheduling, telephone support, clerical assistance, record-keeping, filing, procurement, inventory control, forms design and maintenance, etc. In addition, the unit provides a variety of fiscal functions, including accounts payable and receivable, general ledger, voucher preparation, billing and collections, etc. The unit assists in managing the Department's purchase of service contracts, monitoring utilization and compliance with reporting and documentation requirements. The Fiscal & Support Unit also provides a range of support services for users of the Department's computer networks, including data entry, computer support and troubleshooting, network maintenance, and management of the Department's web site. Finally, the unit prepares and submits to the State of Wisconsin a variety of service delivery and fiscal data, on both a client and Department level. By integrating these policies, procedures, and systems, im-

provements in the allocation and use of available resources as well as the capacity to engage in strategic fiscal planning are anticipated, and it is expected that the unit will more efficiently support the efforts of the Department as a whole.

A Department management team will consist of the Director, Deputy Director, Health Officer, Aging Director, Long Term Support Manager, Youth Services Manager, Clinical Services Manager, Economic Support Manager, and Fiscal & Support Services Manager. The management team will meet weekly, and management staff will meet with personnel from their assigned units on a regular basis. Each manager will report to either the Director or Deputy Director, and will be responsible for the direct supervision of the staff within their respective units.

VIII. Physical Plant Utilization

At the present time, the Departments involved in the consolidation are situated in two locations: the North Street building, which houses Social Services, Economic Support, Public Health, and Community Programs, and the Community Center, which houses the Aging Department and Senior Center. There are no plans to alter that configuration, although long-range plans include the creation of an Aging & Disability Resource Center within the Aging Department site. At the North Street location, movement of offices within the building will facilitate deployment of the unit structure, enhance the opportunity for collaboration and cooperation within and among operational units, improve reception/telephone answering services, and unify department operations.

In order to achieve these outcomes, a limited number of building renovations have been recommended, and funds have been identified in the 2004 Community Programs budget to pay for the changes. Authorization to place these monies in a non-lapsing account will be requested through the existing County financial policies and procedures. The modifications proposed fall into two categories: changing the space to accommodate the placement of unit staff together (and to facilitate the economical utilization of shared office equipment and supplies) and the literal creation of walls between reception and switchboard functions, so as to enhance privacy, reduce distractions, and improve efficiency. It has been recommended that an engineering study be undertaken in preparation of final remodeling plans, to address areas of air handling, heating, ventilation, lighting, and in identifying other variables which must be considered. It should be noted that any delay in remodeling will not impede consolidation, but rather, will require temporary adaptations and solutions, which have been addressed by the Implementation Team.

One of the major obstacles in efficient space utilization has been the vast area required for the retention of customer/client and financial records. A number of solutions have been proposed. These have included remodeling of the Adult Day Services area to create a room devoted solely to closed records, the construction of an addition to the North Street building to house old records, the feasibility of pursuing off-site storage of the physical records, and the acquisition of equipment to store copies of records in a digital format. Each option identified has a number of logistical and financial drawbacks, and resolution will require continued investigation, discussion, and debate. In the interim, one interior office, adjacent to the present Community Programs file room, will be cleared to provide storage of child welfare and juvenile justice records, freeing some space for Public Health unit staff.

The issues of how and where customers/clients enter the North Street building and the location of staging or waiting areas have been discussed at length by staff involved in the planning for consolidation. A consensus was reached that the present Social Services entrance serve as the main point of entry into the building, primarily because of parking, accessibility, and proximity issues. The present Community Programs entry will be used for customers/clients of the Children and Family Services unit. As the movement of offices oc-

curs, new exterior signs will be required in order to direct individuals to the appropriate entry. The issue of interior waiting areas was discussed, but ultimately rejected because of the dearth of open space.

IX. Fiscal System

Over the course of fiscal year 2005, the fiscal system will be integrated. The first step in the process will be the merging of existing multiple systems in the areas of accounts receivable and accounts payable (including invoice/voucher presentation and approval), while continuing to use the current charts of account for the separate units. With consolidation, a single system will be developed for receiving and receipting payments from consumers and other purchasers of department services. In addition, the preparation of the documents in a single format for Finance Subcommittee review will be assigned to one fiscal support staff person. As part of the integration, Department staff will work with vendors to consolidate the submission of single statements for services provided to the various units. Office procedures will be designed and implemented to direct the flow of information from receipt of a request for payment to authorization to invoice/voucher preparation to Finance Subcommittee approval.

Concurrently, the Fiscal & Support Manager and Director will work with the County's auditor and County Clerk to create a new, single fund for department operations and to develop a unified chart of accounts for implementation in the 2006 budget. To the extent that increasing efficiency in generating mandatory fiscal reports to the State is a goal of the process, this is expected to be a particularly challenging task, given the diverse and sometimes conflicting requirements. It is anticipated that there will be a need for technical assistance from experts in governmental auditing and accounting as well as from other counties.

Contract management will, on consolidation, be unified through oversight and monitoring by the Fiscal & Support Manager. These responsibilities will include supervision of the rate setting process, advising Unit Managers in setting performance standards, tracking expenditures, and monitoring compliance with the auditing, fiscal, and reporting requirements of the contracted vendors.

X. Personnel

Personnel functions are under the direction of the County Personnel Director and Personnel Committee. Policy details are enumerated in the County Personnel Manual for exempt or non-represented employees and in the collective bargaining agreements between the County and AFSCME Local 1168 Professional and Courthouse Employees' Unions. All represented personnel within the Health & Human Services Department are members of AFSCME Local 1168. There have been preliminary discussions with Union officials regarding the effect of consolidation on staff and job descriptions and the intent of the county to vest supervisory authority in the hands of non-represented staff. Further discussions throughout the process of consolidation are expected and welcomed. With the creation of a new department, the County will, by resolution of the County Board of Supervisors, request a new offer of delegation of personnel authority from the State of Wisconsin.

XI. Technical Assistance

In the process of implementing a Health & Human Services Department, ongoing technical assistance will be sought from a number of sources and in a number of areas. In anticipation of the challenges in creating an efficient chart of accounts in the fund to be created, staff members have already initiated conversations with the County's auditor and with the fiscal staff of other counties in which Health & Human Service Departments exist. It is also expected that assistance will be required from the office of the County Clerk and from the vendors of the bookkeeping software utilized in that office, in order to create the ability to manipulate the raw fiscal data to generate the reports required by the various State funding sources.

Analogously, it is expected that technical assistance will be required in two distinct aspects of consumer/client record keeping: the storage and management of closed records and the integration of active records generated by different Health & Human Services Department units. The first issue, retention, has, as noted above, an immediate impact on the utilization of space within the North Street building, and will require longer-term study. If an electronic option is deemed desirable and possible, technical assistance from potential hardware and software vendors as well as from other counties in which such systems are in use will be required. In considering the issue of current customer/client records, department staff will seek guidance from State authorities and other counties regarding what consolidation is permissible.

A third area in which technical assistance will be required, and has been requested, is in the area of Board development. The inculcation of values has been addressed through the preparation of the ethics statement and member duties and responsibilities. The differentiation of board/staff tasks and responsibilities will be an exercise completed within the first six months of operation. Educating Board members in the nuances of the breadth and depth of the programs and services offered will require assistance from Area Administration (Public Health, Adult Services, Children & Family Services), Area Agency on Aging, and Department of Workforce Development staff.

The enumeration of areas of technical assistance above is neither exhaustive nor final. It is expected that technical assistance from outside the Health & Human Services Department will be necessary (and readily forthcoming) in other, unanticipated areas as the implementation plan is deployed.

XII. Summary

Having concluded that the consolidation of the Department of Health, Social Services, and Aging and the Department of Community Programs was feasible, the County Board of Supervisors ratified the appointment of a Health & Human Services Implementation Committee and Implementation Director. Since that time, efforts at devising a plan to implement the new department have proceeded along a number of complementary paths. One of the first acts of the Implementation Committee was the appointment of an Implementation Team, consisting of the Department Heads, Unit Heads, Lead Workers, and opinion leaders of the constituent units of a new department. That group has met weekly to identify and prioritize the issues involved, anticipate obstacles and difficulties, address areas identified through the feasibility study process, recommend solutions and plans to the Implementation Committee, and disseminate information to the affected staff. In addition, planning information has been shared, and input solicited, at general staff meetings, during regular, ongoing meetings of the respective unit staff, and through e-mail distribution of primary planning documents to all staff of the planned department.

This document represents a plan to integrate separate, but interdependent and collaborative, units into a single, efficient, and comprehensive service delivery system. Like a road map, there are a number of alternative routes to any destination. Despite the diligent efforts of all of the staff involved, it is inevitable that something will have escaped attention and that some projections of anticipated outcomes will miss the mark, requiring modification of the plan. Given the management structure proposed and the communication system established, staff are confident that these challenges can be overcome and that the primary objective of consolidation, improving services to the citizens of Adams County, will be met.

XIII. Appendices

1. Feasibility Study
2. Health & Human Services Board By-Laws
3. Board Member Duties and Responsibilities

4. Health & Human Services Ethics Statement
5. Health & Human Services Department Governance Chart
6. Health & Human Services Department Functions Chart
7. Health & Human Services Department Table of Organization
8. Implementation Committee meeting minutes (10/6, 10/25, 11/5, 11/29, 12/10/2004)
9. Public Hearing Notice
10. Public Comments
11. Notice of Recruitment of Citizen Members
12. Expression of Interest Form
13. County Board Resolutions
 - a. Resolution 2005-xx To Approve Implementation Plan for Creation of a Health & Human Services Department
 - b. Resolution 2005-xx To Create a Health & Human Services Department
 - c. Resolution 2005-xx To Create Management Positions within the Health & Human Services Department
 - d. Resolution 2005-xx To Modify County Board Rules
 - e. Resolution 2005-xx To Request Consolidation of State Aids and New Offer of Delegation of Personnel Authority from the State of Wisconsin
 - f. Resolution 2005-xx To Transfer Power to the Health & Human Services Department